

Hammond
Martin
Walsh &
Smith



Insurance
Brokers

Short Term Production

Applicant: _____

Company: _____

Individual Partnership Corporation Joint Venture Other: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Cell Phone or Pager: _____ Email: _____

Fed. Tax I.D. or Social Security No: _____

Professional Experience – Years in Field: _____

Type of Prod: _____ Title of Prod: _____

Drivers Lic # _____ State of Issue: _____

If Music Video – Type of Music: _____

Group: _____

Description (Attach synopsis/storyline): _____

Shoot Location(s) (Attach list if necessary): _____

Shoot Dates: _____ to _____

Describe – Designated Activities, Pyrotechnics, Aircraft, Boats, Animals, Race Tracks, Race Courses, Precision Driving, Helicopters, Motorbikes, Snowmobiles, Blanks, Squibs, Guns, Live Gangster Rap Music, Hard-Core/Soft- Core Porn

(Attach list if necessary): _____

*Coverage is excluded for stunts and hazardous activities, unless approved by carrier prior to production.

Will there be any Driving Scenes? Yes No

Will you be using Drones? Yes No

Coverage for drones is subject to the parameters indicated below:

1. Maximum Weight 25 pounds
2. Maximum Power Rating 8 horse power
3. Operations Within the line of site of operator
4. Maximum Height 400 Feet

Budget: \$ _____ # of Crew: _____ Cast: _____

General Liability Limit Required: \$ _____

Vehicle Info: # of Trucks: _____ Value: \$ _____

of Autos: _____ Value: \$ _____

Auto Liability: Yes No Physical Damage: Yes No

Will any auto be used to primarily transport people? Yes No

If yes, please provide a copy of all drivers' licenses and Motor Vehicle Reports for each driver.

Rented Equipment Information: Value \$ _____ Pick Up Date: _____ Return Date: _____

Owned Equipment Value: \$ _____

Rented PSW: Value \$ _____ Pick Up Date: _____ Return Date: _____

Owned PSW: Value \$ _____

Will Equipment/PSW be removed from Continental U.S.? Yes No

Where will equipment/PSW be kept when not in use? _____

Location Premises Protection? _____

Loss Payees/Additional Insureds: (Attach separate list if necessary)

Is Workers Compensation needed? Yes No If WC is needed FEIN/SSN is required.

Number of Volunteers/Interns: _____

Number of Part-time hires: _____ Remuneration: _____

Number of Full-time hires: _____ Remuneration: _____

If hires out of state:

State of Hire: _____ Remuneration \$ _____ Duties: _____

State of Hire: _____ Remuneration \$ _____ Duties: _____

State of Hire: _____ Remuneration \$ _____ Duties: _____

Prior Insurance Company: _____ Losses: _____

(ANY unreported prior claims will result in coverage being unbound)

Signing the above application does not bind the applicant to purchase the insurance or the insurance company to issue coverage, but the information contained herein shall be the basis of the contract should a policy be issued. If any of the above questions have been answered fraudulently or in any way to conceal or misrepresent any material fact or circumstance concerning this insurance or the subject thereof, the entire policy shall be void.

Applicant Signature: _____

Date: _____

Position: _____